



Professional Excellence Grant Claim Form

Name: _____
SSN: _____
Address: _____

Name of Event: _____
Location: _____
Dates: _____
Total Award: \$_____ Actual Expended \$_____

Return this form along with receipts, (for credit courses, proof of registration, successful completion of the course with a grade of C or better) and evaluation form no later than 30 days after the event. Utah State Library Division will reimburse actual money expended up to awarded amount.

Return to:
Colleen Eggett, Training Coordinator
Utah State Library Division
250 North 1950 West, Suite A
Salt Lake City, Utah 84116-7901
1-800-662-9150
ceggett@utah.gov